VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11041

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH:

County Worcester

City or town Girdletree (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Worcester

City or town Girdletree (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war No

3. (a) FULL NAME Roseanna Connor Bratten

3. (b) Social Security Number None

4. Sex: Female

5. Color or race: Colored

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Seoman Bratten

6.(c) If alive, give age 27 years

7. Birth date of deceased (mo., day, yr.): Sept. 17 - 1919

8. AGE: Years 21 Months 1 Days 17 If less than one day ... hrs. ... min.

9. Birthplace: Horntown Accomac Virginia (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Own Home

FATHER
12. Name: Peter Connor
13. Birthplace: Virginia

MOTHER
14. Maiden name: Bessie Handy
15. Birthplace: Virginia

16. Informant: Seoman Bratten

Address: Girdletree Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 27/40 (month) (day) (year)

Cemetery or crematory: Hutts Chapel

Location: Snow Hill Md

18. Funeral director: Hearne & Dennis

Address: Snow Hill Md

19. 10/26 1940 LeRoy Smith (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 24 1940, at 2 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19..., to — 19...

and that I last saw h... alive on ... 19...

Immediate cause of death: Pulmonary tuberculosis — DURATION 1 yr.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John L. Riley Dep. Med Examiner M. D. or other

Address Snow Hill Md Date signed Oct 24/40

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

11042

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH:

County Worcester

City or town Newark
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 30 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Worcester

City or town Newark Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Briddell

3. (b) Social Security Number

4. Sex: Male

5. Color or race: col

6. (a) Single, married, widowed, or divorced: widow

B (b) Name of husband or wife: Nuls

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): May 23 1872

8. AGE: Years 68 | Months 5 | Days 1 | If less than one day ____ hrs. ____ min.

9. Birthplace: Md
(Town, county, and state)

10. Usual occupation: farmer

11. Industry or business: Farmer

FATHER
12. Name: Wm. Briddell
13. Birthplace: Md.

MOTHER
14. Maiden name: Unknown
15. Birthplace: Md

16. Informant: J. W. Burbage
Address: Berlin, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 25 1940 (month) (day) (year)

Cemetery or crematory: Newark

Location: Newark Md

18. Funeral director: J. W. Burbage
Address: Berlin Md

19. 10-25 1940 (Date rec'd by registrar) Helen F. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 23 1940, at 1 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h____ alive on ____ 19__.

Immediate cause of death: Cerebral

Due to: Hemorrhage

Due to:

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE Chas R. Law
M. D. or other

Address Berlin Md. Date signed 10-24-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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NOV 4 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-B)

11043

CERTIFICATE OF DEATH

Reg. Dist. No. 3 & 4

1. PLACE OF DEATH:

County Worcester

City or town Stockton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 29 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Stockton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Samuel Edward Brimer

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lillie M. Brimer

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Oct. 13 – 1866

8. AGE: Years 74 Months 0 Days 10 If less than one day ___ hrs. ___ min.

9. Birthplace Berlin Worcester Md (Town, county, and state)

10. Usual occupation Retail Merchant

11. Industry or business

FATHER 12. Name William Edward Brimer

13. Birthplace Maryland

MOTHER 14. Maiden name Nancy Jones

15. Birthplace Maryland

16. Informant Mr Frank C. Brimer

Address Stockton Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 25/40 (month) (day) (year)

Cemetery or crematory Whatcoat

Location Snow Hill Md

18. Funeral director Hearne & Dennis

Address Snow Hill Md

19. Oct. 25 1940 (Date rec'd by registrar) Mary M. Taylor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 23 1940, at 8 50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 14. 1940, to Oct. 23 1940, and that I last saw him alive on Oct. 23. 1940.

Immediate cause of death: Cancer of Stomach — DURATION: 1 yr.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ✓ Date of ✓

Where did injury occur? ✓ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John D. Dickerson M. D. or other

Address Stockton, Md Date signed Oct 24 '40

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11044

Reg. Dist. No. 3-5-t

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Worcester

City or town: Stockton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 24 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Worcester

City or town: Stockton City Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Frances F. Cropper

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): July 11, 1908

8. AGE:

Years	Months	Days	If less than one day
32	2	24	hrs. min.

9. Birthplace: Girdletree, Worcester Co., Md. (Town, county, and state)

10. Usual occupation: Sales lady

11. Industry or business

FATHER

12. Name: Earle E. Cropper

13. Birthplace: Chincoteague, Va.

MOTHER

14. Maiden name: F. Mae Watson

15. Birthplace: Girdletree, Maryland

16. Informant: Mrs. F. Mae Watson

Address: Girdletree, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 10-8-40 (month) (day) (year)

Cemetery or crematory: Baptist Cemetery

Location: Girdletree, Md.

18. Funeral director: John A. Bradshaw

Address: Pocomoke City, Md.

19. Oct 6 1940 (Date rec'd by registrar) Mary M. Taylor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 5 1940, at 7.P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 20. 1940, to Oct. 5 1940, and that I last saw her alive on Oct 5. 1940.

Immediate cause of death	DURATION
Tubercular Meningitis	18 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: John D. Dickerson M.D. M. D. or other

Address: Stockton, Md. Date signed: Oct 7, 40

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NOV 11 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-8)

11045

CERTIFICATE OF DEATH

Reg. Diat. No. 955

VS A15 — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. — MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
County: Worcester
City or town: New Ocean city (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution? 20 y

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Md County: Worcester
City or town: New Ocean city (If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Venia M. Davis Davis

3.(b) Social Security Number:

4. Sex: Female
5. Color or race: W
6.(a) Single, married, widowed, or divorced: M
6.(b) Name of husband or wife: Ed. Davis
6.(c) If alive, give age: 50 years
7. Birth date of deceased (mo., day, yr.): May 16 1890
8. AGE: Years: 50 Months: 5 Days: 8 If less than one day: hrs. min.
9. Birthplace: Md (Town, county, and state)
10. Usual occupation:
11. Industry or business: Housewife
FATHER 12. Name: Md.
FATHER 13. Birthplace: Geo. McBratten
MOTHER 14. Maiden name: unknown
MOTHER 15. Birthplace: Md
16. Informant: Edward Davis
Address: New Ocean city
17. Burial (Burial, cremation, or removal. Which?) Date thereof 10-25-40 (month) (day) (year)
Cemetery or crematory: Taylorsville
Location: Near Berlin
18. Funeral director: J. W. Burbage
Address: Berlin Md.
19. 10-25 1940 (Date rec'd by registrar) Helen F. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 24 1940 at 1 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 17 1940, to Oct 24 1940 and that I last saw her alive on Oct 24 1940

Immediate cause of death	DURATION
Acute Nephritis	10 days
Due to Ac. acute attack engrafted upon a chronic nephritis c.w.s.a.	
Due to Duration of the latter: not stated.	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Frederick A. Riccio M.D. M. D. or other
Address: Berlin Md. Date signed 10-25-40

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NOV 4 1940
U.S. SECRET SERVICE

STATE OF MARYLAND—CERTIFICATE OF DEATH

11046

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

(92d)

County Worcester Registration Dist. No. 27

Village or City Stockton, Md No. Md St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Hester V. Dickerson

(a) Residence: No. Stockton, Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	Colored	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day, end year) May 5, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Stockton Md

FATHER

13. NAME Wm Cocina

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Laura Manuel

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Wm Manuel (Address) R.D.

18. BURIAL, CREMATION, OR REMOVAL Place Home Burial Cemetery, Stockton Md Date Oct 6, 1940

19. UNDERTAKER Irving Bennett (Address) Stockton, Md

20. FILED Oct 6, 1940 Mary M. Taylor Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 3 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct. 3, 1940, to Oct. 3, 1940

I last saw her alive on Oct. 3, 1940; death is said to have occurred on the date stated above, at 5 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Valvular Disease of Heart	6 mos.

Other Contributory Causes of importance:

Neme of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify —

(Signed) John D. Dickerson, M. D.

(Address) Stockton, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

11047

Reg. Dist. No. 355

1. PLACE OF DEATH:
County Worcester.
City or town Berlin.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Worcester.
City or town Berlin
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Waldo Ostertag. Fehlwig.

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	White	married.

6.(b) Name of husband or wife Florence J. Fehlwig.
6.(c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Sept. 30, 1886

8. AGE: Years	Months	Days	If less than one day
54	1	1	hrs. min.

9. Birthplace Pennsylvania
(Town, county, and state)
10. Usual occupation Feed broker
11. Industry or business

FATHER
12. Name Henry Fehlwig.
13. Birthplace Pa.

MOTHER
14. Maiden name Wilhelmina Ostertag.
15. Birthplace Pa.

18. Informant Mrs. Waldo Fehlwig.
Address Berlin, Md.

17. Burial. Date thereof 11/4/40
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Westminster Cemetery.
Location Belmont Ave. Phila. Pa.

18. Funeral director D. W. Burbage
Address Berlin, Md.

19. 11-1-40 Helen F. Hayward
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 31, 1940, at 11 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 23, 1940, to Oct 31, 1940
and that I last saw him alive on Oct 31, 1940

	DURATION
Immediate cause of death Uremia	3 days
Due to Chronic Nephritis	1 month
Due to Arteriosclerosis resulting from accident in 1939	2 yrs.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Frederick D. Faculty, M. D.
M. D. or other
Address Berlin, Md. Date signed 10-31-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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NOV 4 1940
AU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13H)

11048

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH:

County Worcester

City or town near Snowhill md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: no

Stay in hospital or inst. (yrs., or mos., or days) no

Stay in this community (yrs., or mos., or days) 6 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Worcester

City or town Snowhill md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. R.F.D.

(If rural give LOCATION) no

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sallie E Harmon

3. (b) Social Security Number no

4. Sex: female

5. Color or race: A.A.

6. (a) Single, married, widowed, or divorced: widow

(b) Name of husband or wife: James E Harmon

6(c) If alive, give age: dead years

7. Birth date of deceased (mo., day, yr.): about 1867

8. AGE: Years: 73 about; Months: 4; Days: 17; If less than one day: hrs. min.

9. Birthplace: Girdletree md (Town, county, and state)

10. Usual occupation: Housekeeper

11. Industry or business: no

FATHER

12. Name: Benjamin Rawley

13. Birthplace: Girdletree md

MOTHER

14. Maiden name: unknown

15. Birthplace: unknown

16. Informant: Dr J Harmon

Address: Stockton md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 30, 1940 (month) (day) (year)

Cemetery or crematory: Coolspring

Location: Girdletree md

18. Funeral director: James H Stewart

Address: Salisbury md

19. 10/30 1940 (Date rec'd by registrar) L. Roy Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 27 1940, at 11.30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 24 1940 to Oct 27 1940, and that I last saw her alive on Oct 26 1940.

Immediate cause of death: Chronic Bright's Disease

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: unknown

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John L. Riley M.D. M.D. or other

Address Snow Hill md Date signed 10/28/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

11049

Reg. Dist. No. 355

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Worcester
City or town Berlin
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 20 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Worcester
City or town Berlin Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Thomas M. Hayward

3. (b) Social Security Number —

4. Sex: Male
5. Color or race: W
6.(a) Single, married, widowed, or divorced: M

B (b) Name of husband or wife: Adelia F. Hayward
6(c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.): Jan 7, 1864

8. AGE: Years 73 | Months 10 | Days 7 | If less than one day ____hrs. ____min.

9. Birthplace Md
(Town, county, and state)

10. Usual occupation —

11. Industry or business Retired

FATHER 12. Name George Hayward
13. Birthplace Md.

MOTHER 14. Maiden name Anne Crisfield
15. Birthplace Md.

16. Informant Watson Hayward
Address Salisbury Md.

17. Buried (Burial, cremation, or removal, Which?) Date thereof Oct 14, 1940 (month) (day) (year)
Cemetery or crematory Buckingham
Location Berlin Md.

18. Funeral director J. M. Burbage
Address Berlin Md.

19. 10-15 (Date rec'd by registrar) 1940 Helen F. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 13 1940, at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 14 1940, to Oct 14 1940, and that I last saw him alive on Oct 14 1940

Immediate cause of death: Coronary Thrombosis — DURATION 15 min

Due to —

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:

Dt operations —

Dt autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE Frederick A. Ducoff M.D.
M. D. or other
Address Berlin, Md. Date signed 10-15-40

Authorization to add date of birth letter in permanent file under Dr. Nicoll. 12/5/40
M. H.

RECEIVED
NOV 4 1940

11050 74

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-2)

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH:

County Worcester

City or town Girdletree
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 46 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Girdletree
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war No

3. (a) FULL NAME Aaron Jessie Hudson

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Florence M. Hudson

6.(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.): April 10 - 1866

8. AGE: Years 74 Months 6 Days 0 If less than one day ... hrs. ... min.

9. Birthplace: Girdletree Worcester Md
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Own Farm

FATHER
12. Name: Moses J. Hudson
13. Birthplace: Maryland

MOTHER
14. Maiden name: Emma Jones
15. Birthplace: Maryland

16. Informant: Mrs Florence M. Hudson
Address: Girdletree Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Oct. 12/40 (mouth) (day) (year)

Cemetery or crematory: Spring Hill

Location: Girdletree Md

18. Funeral director: Hearne & Dennis

Address: Snow Hill Md

19. 10/12/ 1940 (Date rec'd by registrar) LeRoy Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 10 1940, at 11 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 2 1940, to Oct. 10, 1940 and that I last saw him alive on Oct. 10 1940

Immediate cause of death: Valvular Disease — DURATION

Due to: of Heart — 6 mos.

Due to:

Other conditions:
(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ✓ Date of ✓

Where did injury occur? ✓ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury — Injured at work? ✓

23. SIGNATURE: John D. Dickerson M. D. or other

Address: Stockton Md. Date signed: Oct. 11, 40

VS A15 (T) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13½)

11051

CERTIFICATE OF DEATH

Reg. Dist. No. 353

1. PLACE OF DEATH:

County Worcester

City or town Bishop. Md. R.D.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 40 Yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Worcester

City or town Bishop R.D. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Near Bishopville Md.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Eva L. Hudson

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Dead

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Oct. 11. 1869.

8. AGE: Years 71 | Months 0 | Days 20 | If less than one day ____ hrs. ____ min.

9. Birthplace Md. (Town, county, and state)

10. Usual occupation House work.

11. Industry or business

FATHER
12. Name Henry Turner
13. Birthplace Md.

MOTHER
14. Maiden name Mary Turner
15. Birthplace Md.

16. Informant Mrs William Truitt
Address Frankford Dela.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 3. 1940 (month) (day) (year)

Cemetery or crematory Bishopville Cemetery

Location Bishopville Md.

18. Funeral director Mrs Margrett V. Watson.
Address Pocomock Md.

19. Nov. 2 1940 (Date rec'd by registrar) Mrs Ray Bergey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 31 1940, at 3.40 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw her alive on Oct 31 1940.

Immediate cause of death: Chr. Nephritis

Due to

Due to

Other conditions: Renal Dropsy
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE Chas. R. Low M. D. or other

Address Berlin Md Date signed 11-2-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore 125-C

CERTIFICATE OF DEATH

11052

Reg. Dist. No. 357

1. PLACE OF DEATH:
County Worcester
City or town Snow Hill
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: no
Stay in hospital or inst. (yrs., or mos., or days) no
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Worcester
City or town Snow Hill Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. na
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Florence E Palm

3. (b) Social Security Number no

4. Sex: female
5. Color or race: Ca
6. (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife Frank R Palm
6(c) If alive, give age dead years
7. Birth date of deceased (mo., day, yr.) Oct 11 1857

8. AGE: Years 83 | Months — | Days 10 | If less than one day ___ hrs. ___ min.

9. Birthplace Worcester Co Md
(Town, county, and state)
10. Usual occupation Domestic
11. Industry or business no

FATHER
12. Name Hansen Duffield
13. Birthplace Worcester Md

MOTHER
14. Maiden name Charlott Johnson
15. Birthplace Worcester Co Md

16. Informant Mary F Oliver
Address Snow Hill Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 24-1940 (month) (day) (year)
Cemetery or crematory Ebenezer
Location Snow Hill Md

18. Funeral director James F Stewart
Address Salisbury Md

19. 10/23/ 1940 LeRoy Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 21, 1940, at 10 30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 11, 1940 to Oct. 1940, and that I last saw her alive on Oct 18, 1940.

Immediate cause of death: Toxic Jaundice — DURATION: 3 weeks
Due to
Due to Unknown
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE G H Sembly M. D. or other
Address Salisbury Md Date signed Oct 23, 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 4 1940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

119-a

11053

CERTIFICATE OF DEATH

Reg. Dist. No. 355

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Worcester

City or town: Showell

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Worcester

City or town: Showell Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Ella May Otto

3. (b) Social Security Number:

4. Sex: Female

5. Color or race: col

6. (a) Single, married, widowed, or divorced: —

B (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): July 10, 1899 (39)

8. AGE: Years: 1 Months: 2 Days: 23 If less than one day: hrs. min.

9. Birthplace: Md (Town, county, and state)

10. Usual occupation: —

11. Industry or business: —

FATHER 12. Name: Charles Otto

13. Birthplace: Md

MOTHER 14. Maiden name: Ella Dennis

15. Birthplace: Md

16. Informant: Chas. Dennis

Address: Berlin Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 4 1940 (month) (day) (year)

Cemetery or crematory: St Paul's

Location: Berlin Md

18. Funeral director: J. W. Burbage

Address: Berlin Md

19. 10-7 1940 (Date rec'd by registrar) Helen F. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 3 1940 at 11 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,

and that I last saw h alive on 19

Immediate cause of death: Sprains & high fever.

DURATION

Due to (acute colitis)

Due to from history given

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Chas. R. Lair M. D. or other

Address: Berlin Md. Date signed 10-4-40

RECEIVED
NOV 4 1940
U.S. DEPT. OF AGRICULTURE

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (55e)

11054

CERTIFICATE OF DEATH

Reg. Dist. No. 353

1. PLACE OF DEATH:
County Worcester
City or town Bishop R.F.D.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 43 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Worcester
City or town Bishop R.F.D. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Rural
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Peter P. Quillen
3. (b) Social Security Number ✓

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Widower
6 (b) Name of husband or wife Harriet Ellen Quillen
6 (c) If alive, give age ✓ years
7. Birth date of deceased (mo., day, yr.) Nov. 23. 1849.
8. AGE: Years 91 90 Months 11 10 Days 14 If less than one day ___ hrs. ___ min.
9. Birthplace Maryland. (Town, county, and state)
10. Usual occupation Farming
11. Industry or business Farmer
FATHER 12. Name John Quillen
13. Birthplace Md.
MOTHER 14. Maiden name Mary Coffin
15. Birthplace Md.
16. Informant Mr. Peter Quillen
Address Bishop Md R.F.D.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 9 1940 (month) (day) (year)
Cemetery or crematory St Martins Week Church
Location Bishopville, Md.
18. Funeral director M. Pasha Watson
Address Selbyville, Del.
19. Oct 9 40 (Date rec'd by registrar) Mrs Roy Bergey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 7 1940, at 9 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 15 1940, to September 1940, and that I last saw him alive on Oct 7 1940.

Immediate cause of death Carcinoma Tright cervical lymph nodes
Due to Lymph nodes
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION 1935

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Frederick S. Nicoll M.D. M. D. or other
Address Berlin, Md. Date signed 10.8.40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 6 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (75C)

CERTIFICATE OF DEATH

11055

Reg. Dist. No. 34

1. PLACE OF DEATH:
County: Worcester
City or town: Stockton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Worcester
City or town: Stockton
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Millie Rowley

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Col'd	widow

6.(b) Name of husband or wife: George Rowley
6.(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): Unknown

8. AGE: Years	Months	Days	If less than one day
about 100			hrs. min.

9. Birthplace: Stockton Md
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business
FATHER 12. Name: Unknown
13. Birthplace: —
MOTHER 14. Maiden name: Unknown
15. Birthplace
16. Informant: Mamie Wright
Address: Stockton, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 16, 1940 (month) (day) (year)
Cemetery or crematory: St. Paul Cemetery
Location: Stockton, Md
18. Funeral director: Irvin Bennett
Address: Stockton, Md
19. Oct. 16 1940 (Date rec'd by registrar) Emory M. Tayly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 14 19 40, at 2.20 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
— 19, to 19
and that I last saw h alive on 19

Immediate cause of death	DURATION
Heart failure variety unknown	unknown
Due to: Senile debility	unknown
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: John L. Riley Dep. Med. Exam.
M. D. or other
Address: Snow Hill Md Date signed 10/14/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
NOV 11 1940
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

11056

Reg. Diat. No. 355

1. PLACE OF DEATH:

County: Worcester

City or town: Berlin

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred: 20 Jan

How long in hospital or institution? 20

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Worcester

City or town: Berlin

(If outside city or town limits, write RURAL and give nearest town)

Street No. —

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Jacob H. Smith

3. (b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	M

6.(b) Name of husband or wife: Mary Smith

6.(c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.): Jan. 13, 1875

8. AGE: Years	Months	Days	If less than one day
75	10	16	...hrs. ...min.

9. Birthplace: Md (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER — 12. Name: Richard Smith

FATHER — 13. Birthplace: Md

MOTHER — 14. Maiden name: Retta Smith

MOTHER — 15. Birthplace: Md

18. Informant: Mary Smith

Address: Berlin Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct 29 1940 (month) (day) (year)

Cemetery or crematory: Parker

Location: Bishopville Md

18. Funeral director: J. W. Burbage

Address: Berlin

19. 10-29-1940 (Date rec'd by registrar) Helen F. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 28 1940 at 4 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ...19..., to ...19...

and that I last saw h...alive on ...19...

Immediate cause of death	DURATION
a Chr. Nephritis	
Due to	
Due to	
Other conditions: Hypertension	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Chas. R. Law M. D. or other

Address: Berlin Md Date signed 10-29-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
NOV 4 1940
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

110574

Reg. Dist. No. 351

1. PLACE OF DEATH

County Worcester

City or town Snow Hill (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 43 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Worcester

City or town Snow Hill (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION) 70

2.(a) If veteran, name war

3.(a) FULL NAME Robert Newell Stagg Sr.

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife Alice M. Stagg

6.(c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) July 10 - 1866

8. AGE: Years	Months	Days	If less than one day
74	2	25	hrs. min.

9. Birthplace Allentown (Town, county, and state) New Jersey

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Theodore Stagg

13. Birthplace New York U.S.A.

MOTHER 14. Maiden name Lucy Cook Newell

15. Birthplace Allentown New Jersey

16. Informant Mrs. R. Newell Stagg Jr.

Address Snow Hill

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 6 1940 (month) (day) (year)

Cemetery or crematory Episcopal

Location Snow Hill Md

18. Funeral director Deane & Dennis

Address Snow Hill Md

19. 10 St 1940 (Date rec'd by registrar) LeRoy Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 5 1940, at 2 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 24 1940, to Oct 5 1940

and that I last saw h alive on Oct 4 1940

Immediate cause of death	DURATION
Coronary Thrombosis	10 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John L Riley M. D. or other

Address Snow Hill Md Date signed 10-5-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CEIVED
NOV 4 1940

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (178)

CERTIFICATE OF DEATH

11058

Reg. Dist. No. 35-5

1. PLACE OF DEATH:
County: Worcester
City or town: Ocean City
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Delaware County: Sussex
City or town: Ocean View
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Cecile A. Steele

3.(b) Social Security Number

4. Sex: Female
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Married
6.(b) Name of husband or ~~wife~~: David Wilmer Steele
6.(c) If alive, give age: not 41 years
7. Birth date of deceased (mo., day, yr.): Aug. 17, 1900

8. AGE: Years: 40 Months: 1 Days: 20 If less than one day: hrs. min.

9. Birthplace: Ocean View, Del.
(Town, county, and state)
10. Usual occupation: House wife
11. Industry or business
FATHER
12. Name: Edward L. Long.
13. Birthplace: Delaware.
MOTHER
14. Maiden name: Mamie Tuelen.
15. Birthplace: Delaware.
16. Informant: Charles D. Steele.
Address: Ocean View, Del.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: 10-10-40 (month) (day) (year)
Cemetery or crematory: Bethel Cemetery
Location: Ocean View Delaware
16. Funeral director: John W. Burbage
Address: Berlin, Md.
19. 10/7 1940 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 7 1940, at 3 P. M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19..., to ... 19...
and that I last saw h... alive on ... 19...
Immediate cause of death: Heart failure and shock due to an explosion of gasoline on a boat
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
DURATION: few minutes
Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: accident Date of: Oct 7 40
Where did injury occur? Atlantic Ocean (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Atlantic Ocean
Means of injury: Explosion of gasoline Injured at work? No

23. SIGNATURE: John L. Riley Dep. Med Exam M. D. or other
Address: Snow Hill Md Date signed: Oct 7 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 25 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (172) OP

11059

CERTIFICATE OF DEATH

Reg. Dist. No. 3 & 5

1. PLACE OF DEATH:

County: Worcester

City or town: Ocean City
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? ✓

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Delaware County: Sussex

City or town: Ocean View
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME David Wilmer Steele

3. (b) Social Security Number 222-10-4828

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6.(b) Name of husband or wife: Cecile A. Steele

6.(c) If alive, give age: 40 years

7. Birth date of deceased (mo., day, yr.): May 21, 1899.

8. AGE: Years	Months	Days	If less than one day
41	4	16	hrs. min.

9. Birthplace: Delaware
(Town, county, and state)

10. Usual occupation: Poultryman

11. Industry or business

FATHER
12. Name: David A. Steele
13. Birthplace: Delaware

MOTHER
14. Maiden name: Sallie Evans
15. Birthplace: Delaware

16. Informant: Charles D. Steele
Address: Ocean View, Del.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 10-10-1940 (month) (day) (year)

Cemetery or crematory: Bethel Cem.

Location: Ocean View Del.

18. Funeral director: John W. Burbage
Address: Berlin Md.

19. 10/9 1940 (Date rec'd by registrar) I. S. Mumford Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 7 1940, at 3 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 , to — 19

and that I last saw h — alive on — 19

Immediate cause of death: Heart failure and shock due to an explosion of gasoline on a boat.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION: few minutes

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: accident Date of: Oct 7 '40

Where did injury occur? Atlantic Ocean (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Atlantic Ocean

Means of injury: Explosion of gasoline Injured at work?

23. SIGNATURE: John L. Riley Dep. Med Exam M. D. or other

Address: Snow Hill Md Date signed: Oct 7 '40

RECEIVED
OCT 25 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-2)

CERTIFICATE OF DEATH

11060

Reg. Dist. No. 355

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Worcester

City or town: Berlin

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 50 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Worcester

City or town: Berlin Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Geo. Ed. Sturgis

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W	Widower

B (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Sept. 10, 1860

8. AGE:

Years	Months	Days	If less than one day
80	1	12	____ hrs. ____ min.

9. Birthplace: Md (Town, county, and state)

10. Usual occupation: —

11. Industry or business

FATHER 12. Name: Wm. Sturgis

FATHER 13. Birthplace: Md.

MOTHER 14. Maiden name: Julia Marshall

MOTHER 15. Birthplace: Md.

18. Informant

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 24 1940 (month) (day) (year)

Cemetery or crematory: Berlin Md

Location: Berlin Md.

18. Funeral director: J. W. Burbage

Address: Berlin Md.

19. 10-24 1940 (Date rec'd by registrar) Helen F. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 22 1940, at 11 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw h____ alive on ____ 19____.

Immediate cause of death	DURATION
Chr. Nephritis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Chas. R Law M. D. or other

Address: Berlin Md Date signed 10-23-40

RECEIVED
NOV 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

11061

Reg. Dist. No. 351

1. PLACE OF DEATH:

County Worcester

City or town Snow Hill (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 14 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Worcester

City or town Snow Hill (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war No

3.(a) FULL NAME Henry W. Swiggett

3.(b) Social Security Number None

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Carrie D. Swiggett

6.(c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Jan 2 - 1874

8. AGE: Years 66 Months 8 Days 29 If less than one day ..... hrs. ..... min.

9. Birthplace Houston Sussex Delaware (Town, county, and state)

10. Usual occupation Miller

11. Industry or business Flour Mill

FATHER 12. Name Unknown

13. Birthplace "

MOTHER 14. Maiden name Unknown

15. Birthplace "

18. Informant Mrs Carrie D. Swiggett

Address Snow Hill Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 4/40 (month) (day) (year)

Cemetery or crematory Barratts Chapel

Location Fredonia Delaware

18. Funeral director Hearne & Dennis

Address Snow Hill Md

19. 10/2 1940 LeRoy Smith (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 1 1940 at 8 45 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1940 to Oct. 1 1940 and that I last saw him alive on Oct 1 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	9/2 3/40
Due to Hypertension	?
Due to Chronic Interstitial Nephritis	?
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE F. S. Waesche M. D. M. D. or other

Address Snow Hill Md Date signed 10/2/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 4 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11062

Reg. Dist. No. 351

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Worcester

City or town Girdletree Rural #1
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 74 yrs 7 Mos. 6 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Girdletree Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION) R/D

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Littleton Smith

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6. (b) Name of husband or wife Cenelia A. Smith

6. (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) March 15 1866

8. AGE:

Years	Months	Days	If less than one day
74	7	6	hrs. min.

9. Birthplace Girdletree Worcester Md
(Town, county, and state)

10. Usual occupation Waterman

11. Industry or business Oyster planter.

FATHER 12. Name Peter Smith

13. Birthplace Maryland

MOTHER 14. Maiden name Emma A. Alston

15. Birthplace Maryland

16. Informant Mrs Cenelia A. Smith

Address Girdletree Md Rural #1

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 23/40 (month) (day) (year)

Cemetery or crematory Whatcoat

Location Snow Hill Md

16. Funeral director Pearne & Desmond

Address Snow Hill Md

19. 10/23 1940 (Date rec'd by registrar) LeRoy Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 21 1940, at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 15 1938 to Oct. 21 1940 and that I last saw him alive on Oct. 20 1940

Immediate cause of death	DURATION
Acute Septicemia	1 week
Due to Pemphigus Gangrenosum	1 month
Due to	
Other conditions Chronic interstitial nephritis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause for which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE N. Sherwood Ferris, M.D.
M. D. or other

Address Snow Hill, Md. Date signed 10/22/40

RECEIVED
NOV 4 1940
U. S.